



**CONGRESSMAN TED DEUTCH**  
**FLORIDA'S 19<sup>TH</sup> CONGRESSIONAL DISTRICT**  
**2500 NORTH MILITARY TRAIL, SUITE 490, BOCA RATON, FL 33431**  
**PHONE: 561-988-6302 FAX: 561-988-6423**

The Privacy Act of 1974 (Public Law 93-579) puts restraints upon federal agencies and prevents our office from making an inquiry on your behalf without your specific written permission. If this issue relates to a TRICARE matter, an additional authorization form is required.

*If you are inquiring on behalf of someone else, that person must sign this release form.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relevant Identification Numbers (VA claim, Alien Number, etc):

\_\_\_\_\_

Check here if you would like to receive Congressman Ted Deutch's periodic email updates.

In accordance with the Privacy Act, I hereby authorize Congressman Deutch or a member of his staff to make the appropriate inquiry on my behalf. I also authorize that agency to transmit any information on record available regarding this inquiry to the office of Congressman Ted Deutch.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the problem you are having. Attach additional information if necessary:

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